



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E407613**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **15-00860**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **03** - **13** - **2015** **0930** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
8TH PLACE SE BLOCK NO. ☒ **9200**
MILE POST ☐

DISTANCE OF (REFERENCE OR CROSS STREET)
60 **00** MILES ☐ N ☐ E ☐ S ☒ W ☒
FEET ☒ **9RD AVE SE**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253208344**

LAST NAME **BERCOT** FIRST NAME **EARL** MIDDLE INITIAL **H**

STREET NEW ADDRESS **9219 8TH ST SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **BERCOEH337QL** STATE **WA** SEX **M** D.O.B. **11** - **13** - **1967**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **C15628A** STATE **WA** VIN# **1GCEK19V1XE143024**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1999** MAKE **CHEV** MODEL **K1** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # **5Z0355933** CHARGE **NO INSURANCE/EXPIRED VEHICLE**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253344645**

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253344645**

LAST NAME **HOCHHALTER** FIRST NAME **PAMELA** MIDDLE INITIAL **M**

STREET NEW ADDRESS **829 94TH AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HOCHHPM489NQ** STATE **WA** SEX **F** D.O.B. **08** - **18** - **1952**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ASB0280** STATE **WA** VIN# **1C4NJRBB7ED626778**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2014** MAKE **JEEP** MODEL **PATRIOT** STYLE **4W** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM LO4 9666-A17-47E** CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E407613**

CASE # **15-00660**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-14-15 10:51 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/15/2015 3:59:59 AM

BADGE OR ID # **72**

ORI #

WA0311900

TIME POLICE DISPATCHED

3:20 PM

TIME POLICE ARRIVED

3:29 PM

NARRATIVE

On 03/13/2015 at about 1520 hours (all times approximate) I was dispatched by police radio to contact Pam Hochhalter at her residence located at 829 94th Ave SE, in the city of Lake Stevens, reference a vehicle collision that had occurred earlier in the day near 9219 8th Street SE, in the city of Lake Stevens. The text of the dispatch indicated the other party involved in the collision did not have vehicle insurance.

I arrived at Hochhalter's residence and spoke with her. Hochhalter showed me damage to the passenger side of her vehicle and stated the collision had occurred just down 8th Street SE from her residence where a neighbor had backed out of his driveway and struck her vehicle. Hochhalter stated she had been traveling westbound on 8th Street SE when a neighbor identified to be Earl Bercot had backed out of his address of 9219 in his pickup truck and struck her vehicle. Hochhalter stated she attempted honking her horn to let the backing driver know she was there and the vehicle continued to back up and strike her vehicle. Hochhalter stated the other driver did not have insurance and they were both on their way to work so they had not reported the collision when it had occurred around 0930 hours this morning.

I obtained Hochhalter's written statement and took digital images of her vehicle which appears to have sustained reportable damage as a result of the collision.

I then went to the address of 9219 8th Street SE to contact the other driver; said to be Earl Bercot. I spoke with Bercot about the collision and observed the vehicle he had been operating at the time of the collision. Bercot claimed he was in a hurry this morning and was backing out of his driveway when he struck the other vehicle on the roadway. I noted a vehicle parked just to the east of Bercot's driveway (which obstructed the sight path east of Bercot's driveway). Bercot stated the vehicle by his driveway had been parked there this morning at the time of the collision and also indicated the sight obstruction the vehicle causes.

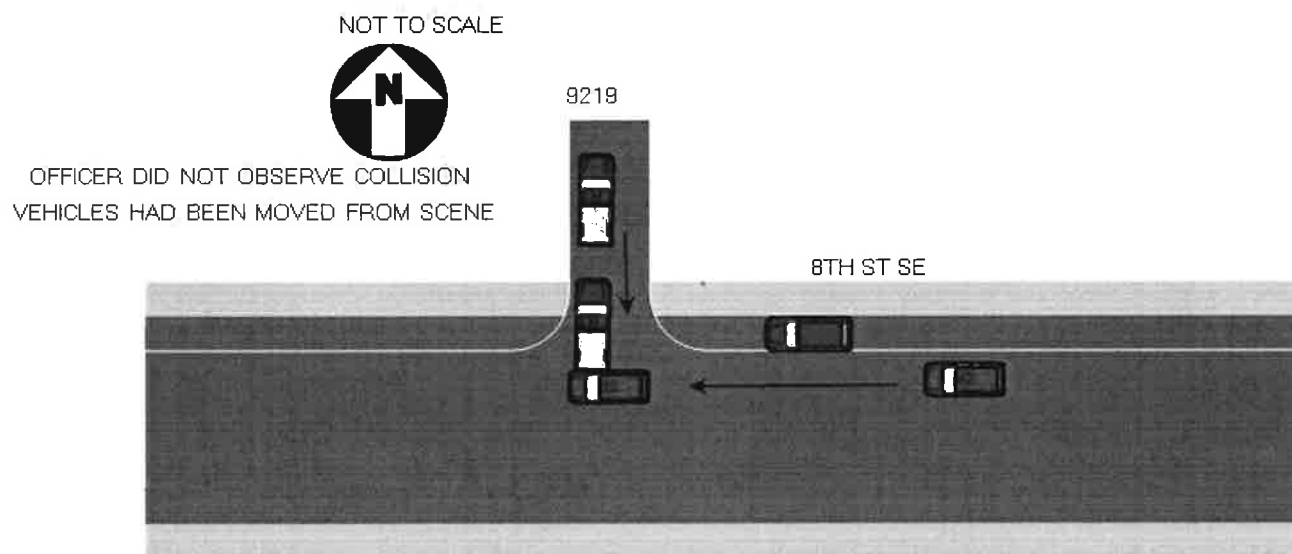
At the time of my contact with Bercot, in regards to the collision, Bercot stated he does not have vehicle insurance and the vehicle he had been operating was found to have an expired vehicle license as of 02-11-2015.

I provided Bercot with a statement form; which he declined to complete in regards to making any statement about the collision.

I took several digital images of Bercot's vehicle and the street in front of Bercot's residence (along with the sight obstruction) where the collision was reported to have occurred. I did not not reportable damage to Bercot's vehicle as a result of the collision.

I cited Bercot for no vehicle insurance and expired vehicle license under two months. I explained the infraction to Bercot and provided him with his copy of the infraction.

Neither driver involved in the collision reported any injury as a result of the collision and both vehicles had been driven from the collision scene several hours before the collision was report to law enforcement.



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS PLAINIFF VS. NAMED DEFENDANT

STATE OF WASHINGTON COUNTY OF THE UNDERIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVERS LICENSE NO. (SCANNED) WA 11-13-16 PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST FIRST MIDDLE SFX CDL ☐ YES ☒ NO
BERCOEH370L EARL HENRY

ADDRESS 9219 8TH ST SE LAKE STEVENS STATE WA ZIP CODE 982586609

EMPLOYER DATE OF BIRTH 11-13-67 RACE W SEX M HEIGHT 5'06" WEIGHT 175 EYES HAZ HAIR RESIDENTIAL PHONE NO. (425)320-8344 CELL/PAGER PHONE NO. WORK PHONE NO.
VIOLATION DATE 03/13/2015 09:30 LANG. INTERPRETER NEEDED AT LOCATION 8TH STREET SE REF. TRAFFICWAY BLOCK # 9200 CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

VEH LIC NO C15628A STATE WA EXPIRES 02-11-15 VEH YR 1999 MAKE CHEVROLET MODEL K1PU STYLE 3 DOOR EXT CAB PK COLOR GRAY
TR #1 LIC NO STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER EARL BERCOET CITY MONROE

ADDRESS 8923 E LAKE COCHRAN RD 8923 E LAKE COCHRAN RD CITY MONROE

ACCIDENT NO INJURY COMMERCIAL VEHICLE ☒ YES ☐ NO 16+ PASS ☒ YES ☐ NO HAZMAT ☒ YES ☐ NO EXEMPT VEHICLE ☐ LEA ☐ FIRE

VEH SPEED IN A ZONE SMD PACE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATIONS/STATURE CODE 46.30.020 OP MOT VEH W/OUT INSURANCE PENALTY \$ 550.00

2. VIOLATIONS/STATURE CODE 46.16A.030.5.L FL RENEW EXPIRED REG <= 2 MTHS PENALTY \$ 124.00

3. VIOLATIONS/STATURE CODE PENALTY \$

4. VIOLATIONS/STATURE CODE PENALTY \$

5. VIOLATIONS/STATURE CODE PENALTY \$

RELATED # DATE ISSUED 03-13-15 TOTAL PENALTY \$ 674.00

OFFICER W. AUKERMAN # 72 OFFICER

☒ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR

☐ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION
This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
Your response must be postmarked by midnight of the day it is due at the court.
If you do not respond or appear for court hearings:
TRAFFIC
The court will find that you committed the infraction.
You may lose your driver's license privilege.
Your penalty will be increased.
Failure to pay may result in a referral of your case to a collection agency.
NON-TRAFFIC
The court will find that you committed the infraction.
It is a crime and will be treated accordingly.
Your penalty may be increased.
Failure to pay may result in a referral of your case to a collection agency.
Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: LAKE STEVENS VIOLATION BUREAU PO BOX 257 LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT)
Name: _____
Street or PO Box _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Telephone: Home: _____
Is interpreter needed? Language: _____
X: _____ (SIGNATURE) 520355933



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00660



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) H Earl Berget	RACE	ETH	SEX	DOB 11-13-67	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 9219 8 th ST SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425		CELL PHONE 425 320834		PLACE OF EMPLOYMENT						
WORK PHONE 6am		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Earl Berget	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: AUGERMAN # 72	DATE SIGNED 3-13-2015	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00660



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hochhalter Pamela M	RACE C	ETH	SEX F	DOB 8-18-52	AGE 62	HGT	WGT	HAIR	EYES
STREET ADDRESS 829 9th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE (425) 334-4645		CELL PHONE (425) 359-2106		PLACE OF EMPLOYMENT LK Stevens School Dist.						
WORK PHONE (425) 335-1500		EMAIL ADDRESS jphochs@comcast.net								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On Mar. 13, 2015 at approximately 9:30 a.m. I was on my way to work travelling on 8th St SE, Lake Stevens when a man later identified as Earl Bercot came out of his driveway and hit me on the front passenger side of my car. I immediately honked my horn to indicate I was there and he then hit my car. I was travelling West on 8th and Mr. Bercot was backing out of his driveway. We were both on our way to work so we both went on our way. Mr. Bercot informed me he had no insurance. He was driving a pickup truck with canopy. The driver identified himself as Earl Bercot who appeared to be early 40's.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Pam Hochhalter	DATE SIGNED 3/13/15	LOCATION SIGNED Lake Stevens Wa
OFFICER/NUMBER: Auerman #72	DATE SIGNED 3-13-2015	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUKERMAN *72</i>		Case Number <i>15-00660</i>	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <i>COLLISION</i>		Date/Time: <i>3-13-2015 / 1620</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>1</i>	Item <i>CD-RW</i>		Brand Name <i>COMPUCESSORY</i>		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found <i>Box 94 / 9100 8 SE</i>	Weight of Narcotic			
Action # <i>3</i>						

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PICS (106 4458-4480) OTHERS #659 72</i>											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:											
Received by Evidence:		NCIC/WACIC ✓	Date:	CAD/RMS Checked		ROUTING: _____					
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:		White: Property Room					
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:		Yellow: Case File					

Incident History for: #SS15004914

Case Numbers: \$\$\$15000660

Entered 03/13/15 15:19:51 BY SPCT01 SP0374

Dispatched 03/13/15 15:20:30 BY SPDP17 SP0339

Enroute 03/13/15 15:20:30

Onscene 03/13/15 15:29:19

Closed 03/13/15 16:04:28

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: T

Loc: 9219 8 ST SE ,LKS btwn 91 AV SE & 94 AV SE (V)

Loc Info: IFO LOC

Name: HOCHHALTER, PAM Addr: 829 94 AV SE, LKS Phone: 4253344645

/1519 (SP0374) ENTRY ,CC RP ADR, COLD, 2 VEH ACC, OTHER PARTY HAD NO
INSURANCE

/1520 (SP0339) AGCADV ,BCST

/1520 DISPER 19D2 [829 94 AV SE]

#SS72 AUKERMAN, OFFICER (WAYNE)

/1525 (SS72) REMINQ 19D2 MDTVEH, ANT3472,,WA,,,,,,,,,

/1526 REMINQ 19D2 MDTWANT,,,,,,WA, OHLDEKK162OA,,,,,,,,,

/1527 REMINQ 19D2 MDTVEH, ASB1367,,WA,,,,,,,,,

/1529 *ONSCNE 19D2

/1529 REMINQ 19D2 MDTVEH, ASP7015,,WA,,,,,,,,,

/1536 REMINQ 19D2 MDTVEH, ASB0280,,WA,,,,,,,,,

/1536 REMINQ 19D2 MDTWANT, HOCHHALTER, PAMELA, M, 081852,,WA,,,,,,,,,

/1537 *MISC 19D2 ,STATE FARM #L04 9666-A17-47E

/1537 *ASNCAS 19D2 \$\$\$15000660

/1538 *MISC 19D2 ,EARL BERCOT 425-320-8344 9219 8 ST SE LKS

/1548 REMINQ 19D2 MDTVEH, C15628A,,WA,,,,,,,,,

/1548 (SP0339) ONSCNE 19D2 [9219 8 ST SE]

,NO CHECKS

/1553 (SS72) REMINQ 19D2 MDTWANT, BERCOT, EARL, H, 111367,,WA,,,,,,,,,

/1604 *CLEAR 19D2 D/H

/1604 CLOSE 19D2